

Arizona

Hospital Discharge Data

Reporting Specifications

Manual

The logo for the Arizona Department of Health Services is a blue rounded rectangle. It features a yellow sunburst icon to the right of the text "Arizona Department of Health Services", which is written in white. The word "Arizona" is on the top line, "Department of" is on the middle line, and "Health Services" is on the bottom line.

Arizona
Department of
Health Services

Arizona Department of Health Services
Bureau of Public Health Statistics
Cost Reporting and Discharge Data Review
150 North 18th Avenue, Suite 550
Phoenix, AZ 85007
<http://azdhs.gov/plan/crr/index.htm>

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Reporting Requirements Overview

Section A A-1.1

Who:

All Arizona *licensed* hospitals, except for psychiatric hospitals, are required to report inpatient and emergency department discharge records to the Arizona Department of Health Services (ADHS).

When:

Data must be reported twice yearly:

Discharges from January 1st through June 30th must be reported after July 1st but no later than August 15th of the same year.

Discharges from July 1st through December 31st must be reported after January 1st but no later than February 15th of the following year.

How:

Data is reported in a fixed length ASCII text file to ADHS. Data must be submitted utilizing the ADHS SFTP secure file server. Contact Information and Attestation of Completeness and Accuracy forms must accompany each submission. See section B, Data File Specifications, for details on submitting your file.

Questions?

If you have questions regarding any of the data reporting requirements or the reporting process, please contact our office by phone or email. Refer to our home page at <http://azdhs.gov/plan/crr/index.htm> for current contact information.

Section A A-1.1

File Submission Information

Section B B-1.1

Files:

1. Files must be submitted as ASCII text. Each discharge record reported in the file is a fixed length record of 1573 characters.
2. Inpatient and emergency department records must be submitted in separate files.
3. All files must be named according to the following naming convention:

AZFACID_data type_reporting period *For Example:* MED1234_IP_200801

“MED1234” = AZFACID, the facility identifier issued by ADHS

“IP” = data type being reported (IP is for inpatient)

200801 = reporting period, (the time period being reported, 2008 first half)

Submissions:

4. Data **must** be submitted utilizing the ADHS SFTP secure file server. Every hospital has at least one individual who is an authorized user of this server, with his or her own unique User ID and Password. Every hospital has a designated location on the server in which to deposit their files. Each user receives direct instruction on server protocol at the time they receive their access.
5. If for some reason you are unable to utilize the SFTP, you must immediately notify this office of the reason for your inability to utilize the SFTP, so that the issue may be promptly resolved.
6. If circumstances (such as a HIMS upgrade) may adversely impact your ability to report on time, ***notify our office immediately.***
7. Before sending your files, check for the following common pitfalls that can cause your data to be rejected:
 - a) Is the data properly aligned?
 - b) Are all required fields populated with appropriate data?

Section B B-1.1

Data File Specifications

Section B B-1.2

- c) Is the AZFACID correct?
 - d) Is the data formatted according to the requirements in the data element specifications?
 - e) Are there any blank records? (these must be removed) Blank records may be caused by an extra line field or carriage return at the end of the file, or by end of file markers.
 - f) Are there any missing or invalid dates?
 - g) Is the data for the correct time period, and are all required records present in the file?
 - h) Are there any missing or invalid record type codes?
8. Two forms are required to accompany your submission:
- a) Contact Information Form – on this form, you provide ADHS with information about who is responsible for your hospital's data reporting, so we know who to contact if we have questions. This form should be completed by the person who does the "hands on" of data reporting for your hospital.
 - b) Attestation of Completeness and Accuracy Form – on this form, the person responsible for your hospital's compliance with state law certifies the reporting is, to the best of their knowledge, complete and accurate. This form requires an original signature, so it must be mailed. Faxes will not be accepted.

These forms are available on our website at: <http://www.azdhs.gov/plan/crr/index.htm>

9. Send your forms to:

Discharge Data Reporting
Arizona Department of Health Services
Cost Reporting & Discharge Data Review
150 North 18th Avenue, Suite 150
Phoenix, AZ 85007-3248

Section B B-1.2

Data Element Specifications

Section C C-1.1

Element Name:	Placeholder
Definition:	Reserved for future use.
Parameters:	20 - 60 Positions
Codes/Values:	Blank
Conditions:	Not in use

Notes:

There are a total of 7 Placeholder fields of 20 to 60 characters each inserted throughout the data layout. These positions are to be left blank to reserve room for future revisions.

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Section C C-1.1

Data Element Specifications

Section C C-2.1

Element Name:	Reporting Hospital Arizona Facility Identifier (AZFACID)
Definition:	The unique Arizona Facility Identification number assigned to the provider by the Arizona Department of Health Services.
Parameters:	10 Positions Alphanumeric Left-Justified
Codes/Values:	Alpha characters must be UPPER CASE
Conditions:	Required for IP and ED

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Section C C-2.1

Data Element Specifications

Section C C-3.1

Element Name:	Reporting Hospital National Provider Identifier (NPI)
Definition:	The unique National Provider Identification number assigned to the provider.
Parameters:	15 Positions Alphanumeric Left-Justified Crosswalk to UB04 FL56
Codes/Values:	Alpha characters must be UPPER CASE
Conditions:	Required for IP and ED

Notes:

The NPI is 10 characters in length, therefore this data element contains 5 blank positions. 15 positions are provided to maintain conformity with UB guidelines (refer to instructions for UB04 FL56 for details).

If your hospital has more than one NPI, for state reporting purposes use the NPI assigned to the main hospital as licensed by the state of Arizona. For assistance in determining which NPI should be utilized for state reporting, contact the Office of Discharge Data Review (see contact information in Section A of this Manual).

Section C C-3.1

Data Element Specifications

Section C C-4.1

Element Name: Patient Medical/Health Record Number

Definition: The number assigned to the patient's medical/health record by the provider.

Parameters: 24 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL03b

Codes/Values: Alpha characters must be UPPER CASE

Conditions: Required for IP and ED

Notes:

This is the number that identifies a patient's medical/health history of treatment. This number does NOT identify a specific episode of care.

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Section C C-4.1

Data Element Specifications

Section C C-5.1

Element Name: Patient Control Number

Definition: Patient's unique number assigned by the provider to facilitate retrieval of a specific record for a specific episode of care.

Parameters: 24 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL03a

Codes/Values: Alpha characters must be UPPER CASE

Conditions: Required for IP and ED

Notes:

To enable the provider to easily retrieve any record requiring review and/or correction.

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Section C C-5.1

Data Element Specifications

Section C C-6.1

Element Name: Patient Name

Definition: Last name, first name and middle initial of the patient.

Parameters: 29 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL08 Line 2b

Codes/Values: Alpha characters must be UPPER CASE

First and last names and middle initial separated by a single space

Include hyphen in hyphenated names, such as Smith-Jones

First and last names are required

Suffixes (Jr, Sr. etc.,) are optional

Conditions: Required for IP and ED

Notes:

Do not include punctuation

Do not place spaces inside last names with a prefix, such as McBeth, OConner (report MCBETH *not* MC BETH)

Do not include apostrophes (report OCONNER, *not* O'CONNER)

Do not report titles (Sir, Msgr, Dr)

When reporting a suffix, place the suffix after the last name, but before the first name (for example: JONES JR GEORGE A or HOWELL III THURSTON B)

Section C C-6.1

Data Element Specifications

Section C C-7.1

Element Name: Patient Social Security Number

Definition: The last 4 digits of the social security number of the patient.

Parameters: 10 Positions
Numeric
Right-Justified
Zero fill
All positions filled

Codes/Values: Report *only* the last 4 digits of the *patient's* social security number even if the entire number is collected.

Conditions: Must be reported for IP and ED if collected

Notes:

Do not include hyphens (report 0000006789, *not* 0000-00-6789)

Do not report the entire social security number (report 000006789, *not* 0123456789)

Do not report the responsible person's SSN (such as a parent or spouse)

If the patient does not have a SSN (for example a newborn infant or foreign national), or if it is not available, zero fill (report 0000000000).

Section C C-7.1

Data Element Specifications

Section C C-8.1

Element Name: Patient Address

Definition: The street portion of the mailing address of the patient.

Parameters: 40 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL09 Line 1a

Codes/Values: Alpha characters must be UPPER CASE
Recommend using US Postal Service Address Standards

Conditions: Required for IP and ED

Notes:

No punctuation (report 123 E MAIN ST *not* 123 E. MAIN ST.)

If the patient is homeless, enter "HOMELESS" in this field

If circumstances prevent you from obtaining the patient's address, enter "UNKNOWN" in this field.

US Postal Service address abbreviation standards may be found at: <http://www.usps.com/>

See Section I Appendices for additional resource information.

Section C C-8.1

Data Element Specifications

Section C C-9.1

Element Name: Patient City

Definition: City of the patient's mailing address.

Parameters: 30 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL09 Line 2b

Codes/Values: Alpha characters must be UPPER CASE

US cities must be a valid city name according to US Postal Service.

Conditions: Required for IP and ED

Notes:

If the patient is homeless, leave blank.

If the patient's address is unknown, leave blank.

No punctuation (report ST DAVID *not* ST. DAVID)

If the city name has more than one word, include the space, such as SHOW LOW or NEW RIVER.

Use *only* US Postal Service acceptable abbreviations.

US Postal Service City Names may be verified at: <http://www.usps.com/>

Section C C-9.1

Data Element Specifications

Section C C-10.1

Element Name: Patient State

Definition: State of the patient's mailing address.

Parameters: 2 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL09 Line 2c

Codes/Values: Alpha characters must be UPPER CASE.

Must be a valid state code according to US Postal Service.

Conditions: Required for IP and ED unless patient is a resident of a foreign country.

Notes:

If the patient is homeless, leave blank.

If the patient's address is unknown, leave blank.

If the patient is a resident of a foreign country, leave blank.

No punctuation (report AZ not A.Z.).

US Postal Service State Abbreviations may be found at <http://www.usps.com/>

Section C C-10.1

Data Element Specifications

Section C C-11.1

Element Name: Patient Zip Code

Definition: Zip code of the patient's mailing address.

Parameters: 5 Positions
Numeric
Left-Justified
Crosswalk to UB04 FL09 Line 2d

Codes/Values: Alpha characters must be UPPER CASE.
Must be valid zip code according to US Postal Service.

Conditions: Required for IP and ED unless patient is a foreign resident.

Notes:

If the patient is homeless, leave blank.

If the patient's address is unknown, leave blank.

If the patient is a foreign resident, leave blank.

Zip Codes may be verified on the US Postal Service website at: <http://www.usps.com/>

Section C C-11.1

Data Element Specifications

Section C C-12.1

Element Name: Patient Country Code

Definition: Country of patient's mailing address.

Parameters: 2 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL09 Line 2e

Codes/Values: Alpha characters must be UPPER CASE.

Must be valid country code from ANSI ISO 3166, use the alpha-2 country codes from Part I of ISO3166.

Conditions: Required for IP and ED *if the patient is a foreign resident*

Notes:

No punctuation.

If the patient is homeless, leave blank.

If the patient's address is unknown, leave blank.

If the patient is a US resident, leave blank.

Codes for countries are based upon:
Codes for Representation of Names Of Countries
ISO 3166 (latest release)

Available from:
American National Standards Institute (ANSI)
11 West 42nd Street, 13th Floor
New York, NY 10036

This list is may also be found in Section I Appendices of this manual, and posted on our website at: <http://azdhs.gov/plan/crr/index.htm> .

Section C C-12.1

Data Element Specifications

Section C C-13.1

Element Name: Patient Homeless Indicator

Definition: The patient is homeless.

Parameters: 2 Positions
Alphanumeric
All positions filled
Crosswalk to UB04 FL18-28

Codes/Values: 17

Conditions: Situational for IP and ED if the patient is a homeless person.

Notes:

This code communicates to ADHS that the patient is homeless, so this circumstance may be taken into account when auditing the record for completeness and accuracy. If you choose to not utilize this indicator, it may increase the number of errors you receive for records with incomplete or inconsistent information.

Section C C-13.1

Data Element Specifications

Section C C-14.1

Element Name: Patient Birth Date

Definition: The date of birth of the patient.

Parameters: 8 Positions
Numeric
Right-Justified
All positions filled
Crosswalk to UB04 FL10

Codes/Values: Must be a valid date.

Format is CCYYMMDD (example: 19570902 = Sept. 2, 1957)

Conditions: Required for IP and ED.

Notes:

If date of birth is unknown, populate this field with zeros. This will communicate to ADHS that the patient birth date is unknown.

Some hospital HIMS won't allow the entry of all zeros in the patient birth date field. This can be resolved programmatically by having hospital staff consistently use one date that is obviously incorrect to identify unknown birthdays (for example, January 1, 1850), and then have the programming for creating the state report convert that incorrect date to zeros in the state report when the extraction is run.

Section C C-14.1

Data Element Specifications

Section C C-15.1

Element Name: Patient Sex

Definition: The patient's gender as recorded at admission or time of emergency department service.

Parameters: 1 Position
Alphanumeric
Left-Justified
Crosswalk to UB04 FL11

Codes/Values: Alpha characters must be UPPER CASE.

M = Male
F = Female
U = Unknown

Conditions: Required for IP and ED.

Notes:

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Section C C-15.1

Data Element Specifications

Section C C-16.1

Element Name: Patient Race/Ethnicity

Definition: The race/ethnicity of the patient as collected from the patient or patient's representative at the time of admission or emergency department service.

Parameters: 4 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL81, Lines a-d
Code List Qualifier value = B1

Codes/Values:

1	American Indian or Alaska Native
2	Asian
3	Black or African American
4	Hispanic or Latino
5	White
6	Native Hawaiian or other Pacific Islander
9	Refused

Conditions: Required for IP and ED.

Notes:

Patient or patient's representative should be allowed to select more than one choice; up to 4 can be selected.

Do not base Patient Race/Ethnicity on observation.

See Section I Appendices for additional resource information.

Section C C-16.1

Data Element Specifications

Section C C-17.1

Element Name: Patient Marital Status

Definition: Patient's marital status as collected from the patient or patient's representative at the time of admission or emergency department service.

Parameters: 1 Position
Alphanumeric
Left-Justified
Crosswalk to UB04 FL81, Lines a-d
Code List Qualifier value = B2

Codes/Values: Alpha characters must be UPPER CASE.

I	Single
M	Married
S	Separated
D	Divorced
W	Widowed
K	Unknown
C	Not Applicable

Conditions: Required for IP and ED.

Notes:

See Section I Appendices for additional resource information.

Section C C-17.1

Data Element Specifications

Section C C-18.1

Element Name: Onset of Symptoms/Illness Date

Definition: The date identifying the Onset of Symptoms/Illness, specifically for patients with a principal diagnosis of injury.

Parameters: 8 Positions
Numeric
Right-Justified
All positions filled
Crosswalk to UB04 FL31-34, Lines a-b, Code 11

Codes/Values: Must be a valid date if populated.

Format is CCYYMMDD (example: 20080521 = May 21, 2008)

Conditions: Situational for IP and ED. Report if the patient has a principal diagnosis of injury **and** this is *not* the initial hospital treatment of the injury **and** the date of injury is available. See Notes.

Notes:

Entry and reporting of the date of injury in this field will assist ADHS in identifying injury records that, under national coding guidelines, should *not* have E Codes assigned. If you choose to not utilize this indicator, it may increase the number of errors you receive for records with missing E Codes.

Section C C-18.1

Data Element Specifications

Section C C-19.1

Element Name: Admission Date

Definition: The start date for this episode of care. For inpatient services, this is the date of admission. For emergency department services, the date the episode of care began.

Parameters: 8 Positions
Numeric
Right-Justified
All positions filled
Crosswalk to UB04 FL12

Codes/Values: Must be a valid date.

Format is CCYYMMDD (example: 20080521 = May 21, 2008)

Conditions: Required for IP and ED.

Notes:

On newborns (babies born in your hospital) this date should be the same as the patient's date of birth. (applies to priority of admission 4 with source of admission 1, 2 or 3)

On extramural births for which your hospital is the initial admission and therefore you are reporting the baby as a newborn admission, this date may be later than the date of birth by one calendar day (applies to priority of admission 4 with source of admission 4).

The above notes will change with the implementation of updated newborn codes from the National Uniform Billing Committee. See "Source of Admission or Visit, page C-22.1, for more information.

Section C C-19.1

Data Element Specifications

Section C C-20.1

Element Name: Admission Hour

Definition: The code referring to the hour during which the patient was admitted for inpatient or emergency department care.

Parameters: 2 Positions
Alphanumeric
Left-Justified
All positions filled
Crosswalk to UB04 FL13

Codes/Values:	Code:	Time (am)
	00	12:00 (midnight) – 12:59
	01	01:00 – 01:59
	02	02:00 – 02:59
	03	03:00 – 03:59
	04	04:00 – 04:59
	05	05:00 – 05:59
	06	06:00 – 06:59
	07	07:00 – 07:59
	08	08:00 – 08:59
	09	09:00 – 09:59
	10	10:00 – 10:59
	11	11:00 – 11:59
		Time (pm)
	12	12:00 (noon) – 12:59
	13	01:00 – 01:59
	14	02:00 – 02:59
	15	03:00 – 03:59
	16	04:00 – 04:59
	17	05:00 – 05:59
	18	06:00 – 06:59
	19	07:00 – 07:59
	20	08:00 – 08:59
	21	09:00 – 09:59
	22	10:00 – 10:59
	23	11:00 – 11:59

Conditions: Required for IP and ED.

Notes:

Section C C-20.1

Data Element Specifications

Section C C-21.1

Element Name: Priority (Type) of Visit

Definition: A code indicating the priority of this inpatient admission or emergency department visit.

Parameters: 1 Position
Alphanumeric
Left-Justified
Crosswalk to UB04 FL14

Codes/Values: 1 = Emergency
2 = Urgent
3 = Elective
4 = Newborn
5 = Trauma
9 = information not available

Conditions: Required for IP and ED.

Notes:

Code 4 = Newborn indicates the baby was born in your hospital, or yours is the first hospital to attend the infant following an extramural birth. Infants born in another health facility and transferred to your hospital for care are transfers and should not be coded as newborn type of visit.

Records that are coded as newborn type of visit require the use of special Source of Admission Codes (see page C-22.1).

Code 5 = Trauma indicates a visit to a trauma center/hospital as designated by the Arizona Division of Emergency Medical Services, or as verified by the American College of Surgeons, and involving a trauma activation.

Section C C-21.1

Data Element Specifications

Section C C-22.1

Element Name: Source of Admission or Visit

Definition: Source of referral for inpatient admission or emergency department visit.

Parameters: 1Position
Alphanumeric
Left-Justified
Crosswalk to UB04 FL15

Codes/Values:

- 1 = Physician Referral
- 2 = Clinic Referral
- 3 = HMO/AHCCCS Referral
- 4 = Transfer from a Hospital
- 5 = Transfer from a Skilled Nursing Facility
- 6 = Transfer from Another Health Care Facility
- 7 = Emergency Room
- 8 = Court/Law Enforcement
- 9 = Information not available
- A = Transfer from a Critical Access Hospital
- D = Transfer from Hospital Inpatient in the Same Facility
Resulting in a Separate Claim to Payer

Code structure for Newborns (Priority of Visit 4)

- 1 = Normal Delivery
- 2 = Premature Delivery
- 3 = Sick Baby
- 4 = Extramural Birth
- *5 = Born in Hospital
- *6 = Born outside Hospital

Conditions: Required for IP and ED.

Notes:

* These codes have been tentatively approved by the National Uniform Billing Committee (NUBC) as a replacement for current codes 1-4. When the NUBC decision is final and an implementation date is provided, this manual will be updated accordingly.

Section C C-22.1

Data Element Specifications

Section C C-23.1

Element Name: Discharge Date

Definition: The ending service date for this episode of care, when the patient was released from the care of the reporting hospital.

Parameters: 8 Positions
Numeric
Right-Justified
All positions filled
Crosswalk to UB04 FL06

Codes/Values: Must be a valid date.

Format is CCYYMMDD (example: 20080521 = May 21, 2008)

Conditions: Required for IP and ED

Notes:

This field crosswalks to the UB04 FL06, which is the "Statement Covers Period" data element. For Arizona state reporting purposes, only the "through" portion (corresponding to the right 6 characters of FL06) is reported.

Section C C-23.1

Data Element Specifications

Section C C-24.1

Element Name: Discharge Hour

Definition: Code indicating the patient's hour of discharge from care.

Parameters: 2 Positions
Alphanumeric
Left-Justified
All positions filled
Crosswalk to UB04 FL16

Codes/Values:	Code:	Time (am)
	00	12:00 (midnight) – 12:59
	01	01:00 – 01:59
	02	02:00 – 02:59
	24	03:00 – 03:59
	25	04:00 – 04:59
	26	05:00 – 05:59
	27	06:00 – 06:59
	28	07:00 – 07:59
	29	08:00 – 08:59
	30	09:00 – 09:59
	31	10:00 – 10:59
	32	11:00 – 11:59
		Time (pm)
	33	12:00 (noon) – 12:59
	34	01:00 – 01:59
	35	02:00 – 02:59
	36	03:00 – 03:59
	37	04:00 – 04:59
	38	05:00 – 05:59
	39	06:00 – 06:59
	40	07:00 – 07:59
	41	08:00 – 08:59
	42	09:00 – 09:59
	43	10:00 – 10:59
	44	11:00 – 11:59

Conditions: Required for IP and ED.

Notes:

Section C C-24.1

Data Element Specifications

Section C C-25.1

Element Name: Discharge Status

Definition: Code indicating the status of the patient upon discharge.

Parameters: 2 Positions
Numeric
Right-Justified
All positions filled
Crosswalk to UB04 FL17

Codes/Values:

- 01 = Discharged to Home or Self Care (routine discharge)
- 02 = Discharged/transferred to a Short-Term General Hospital for Inpatient care
- 03 = Discharged/transferred to a Skilled Nursing Facility
- 04 = Discharged/transferred to an Intermediate Care Facility (Assisted Living Facility)
- 05 = Discharged/transferred to a Designated Cancer Center or Children's Hospital
- 06 = Discharged/transferred to home under care of Organized Home Health Service Organization
- 07 = Left against medical advice or discontinued care
- 20 = Expired
- 41 = Expired in a Medical Facility (hospice patients only)
- 43 = Discharged/transferred to a Federal Health Care Facility
- 50 = Discharged home with Hospice
- 51 = Discharged/transferred to Hospice in a Medical Facility
- 61 = Discharged/transferred to a Swing Bed
- 62 = Discharged/transferred to an Inpatient Rehabilitation Facility (IRF)
- 63 = Discharged/transferred to a Long Term Care Hospital
- 65 = Discharged/transferred to a Psychiatric Hospital
- 66 = Discharged/transferred to a Critical Access Hospital
- 70 = Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List

Conditions: Required for IP and ED.

Section C C-25.1

Data Element Specifications

Section C C-25.2

Notes:

The status codes listed are the only codes valid for reporting patient discharge status to the state of Arizona. While there are other codes that are valid for hospital billing purposes, the codes indicated are the only codes valid for discharge reporting to the state.

Do not report records for patients who left without being seen/left without treatment **and** who incurred no charges.

Discharge status 01 = Home or Self Care is used in accordance with the UB04 definition of this discharge status, including discharges to **non** state-licensed assisted living facilities (ALF). *Do not* use this discharge status for patients discharged to skilled nursing homes (SNF) or *state licensed* assisted living facilities, even if the patient was originally admitted to the hospital from the SNF or ALF. Use the appropriate status of 03 for SNF and 04 for ALF.

Discharge status 04 = Intermediate Care Facility is used for discharges to state-licensed Assisted Living Facilities and **non-certified** nursing facilities.

There has been some confusion regarding transfers to Medicare and/or Medicaid certified nursing beds/facilities, and how these discharges should be reported.

Nursing facilities with “intermediate care” previously existed in Arizona, but this level of care was abolished. Arizona has a law that requires a nursing facility to be Medicare certified before it can obtain Medicaid certification (which is not the case in many other states). The only nursing facility in Arizona that has true “Medicaid only” certification is Su Casa in Tucson. Su Casa was Medicaid certified before the state law was passed, and was grandfathered in.

Therefore, in Arizona, except for the “state only” facilities (those with no Medicare or Medicaid certification) and Su Casa, all nursing facilities are Medicare certified facilities, and discharge status 03 would be used for patients discharged/transferred to these facilities.

If a patient was sent to Su Casa, the discharge status would be 64. Although this code does not appear on the list above, it will be accepted by the state if the patient was, in fact, discharged/transferred to Su Casa.

Section C C-25.2

Data Element Specifications

Section C C-26.1

Element Name: Newborn Birth Weight

Definition: Actual birth weight or weight at time of admission for an extramural birth, reported in grams.

Parameters: 4 Positions
Numeric
Right-Justified
Crosswalk to UB04 FL39-41, Lines a-d, Code 54

Codes/Values: Weight reported in grams

The actual birth weight or weight at time of admission for an extramural birth.

Conditions: Required for IP with Priority (type) of Admission 4 (babies born in your hospital, or when yours is the first hospital to attend the infant following an extramural birth).

Notes:

Do not report newborn weight on infants transferred to your facility after being born in another health care institution.

Section C C-26.1

Data Element Specifications

Section C C-27.1

Element Name: Do Not Resuscitate Order (DNR)

Definition: The patient has a valid DNR order on record with the reporting hospital.

Parameters: 2 Positions
Alphanumeric
Left-Justified
All positions filled
Crosswalk to UB04 FL18-28

Codes/Values: P1

Alpha characters must be UPPER CASE.

Conditions: Must be reported if collected for IP and ED.

Notes:

For state reporting purposes, "Valid DNR Order" means the patient has a properly executed legal advance directive, pre-hospital directive or living will containing a DNR; **or** there is a physician's order for DNR; **and** the hospital is aware of the DNR **and** has the DNR information present in their HIMS.

This field is populated only if the above criteria for reporting a DNR order are met.

Leave blank if DNR order does not exist, or status is unknown.

Section C C-27.1

Data Element Specifications

Section C C-28.1

Element Name: Bill Creation Date

Definition: Date the bill for this episode of care was created.

Parameters: 8 Positions
Numeric
Right-Justified
All positions filled
Crosswalk to UB04 FL45, Line 23

Codes/Values: Must be a valid date.

Format is CCYYMMDD (example: 20080521 = May 21, 2008)

Conditions: Required for IP and ED.

Notes:

DRAFT

Section C C-28.1

Data Element Specifications

Section C C-29.1

Element Name: Total Charges

Definition: The **total gross charges** incurred by the patient for this episode of care.

Parameters: 7 Positions
Numeric
Right-Justified
Crosswalk to UB04 FL47, Revenue Code 0001

Codes/Values: 7 positions for whole dollars only

Conditions: Required for IP and ED.

Notes:

Report total charges only from the last page of the claim, Revenue Code 0001.

Amounts equal to or greater than zero are acceptable values for this data element.

Do not enter decimals

Enter whole dollars only, do not enter cents (enter 25353, not 25353.32).

Do not enter negative numbers or alpha characters.

Entry in this field should equal the sum of all reported revenue categories for the record being reported, excluding a \$50.00 + or – amount allowed for the exclusion of cents.

Section C C-29.1

Data Element Specifications

Section C C-30.1

Element Name: Payer Type Code

Definition: Category of the primary payer; the expected source of payment for the majority of the charges associated with this episode of care.

Parameters: 2 Positions
Numeric
Right-Justified
All positions filled
Crosswalk to UB04 FL50a

Codes/Values:

00	Self Pay
01	Commercial (Indemnity)
02	HMO
03	PPO
04	AHCCCS Health Care Group
05	Medicare
06	AHCCCS Medicaid
07	CHAMPUS/TRICARE
08	Children's Rehab Services
09	Workers Compensation
10	Indian Health Services
11	Medicare Risk
12	Charity
13	Foreign National
14	Other

Conditions: Required for IP and ED.

Notes:

Section C C-30.1

Data Element Specifications

Section C C-31.1

Element Name: Revenue Code Category Charges

Definition: Total charges for the related revenue code category.

Parameters: 7 Positions
Numeric
Right-Justified
Zero-filled
Crosswalk to UB04 FL42 and FL47

Codes/Values: 7 positions for whole dollars only

Reportable categories:

010x - 016x

018x - 048x

050x

053x

061x - 063x

068x

070x - 081x

088x

090x - 092x

094x - 099x

210x

All Other (all codes not listed here,
excluding 017x see page C-32.1)

Conditions: Required for IP and ED.

Notes:

Amounts equal to or greater than zero are acceptable values for this data element

Do not enter decimals

Enter whole dollars only; do not enter cents (enter 25353, not 25353.32)

Do not enter negative numbers or alpha characters

Report combined charges for every revenue line item in a specific reportable category, for example:

<u>Revenue code</u>	<u>Charges</u>
0621	\$100.00
0623	\$37.00

Report for Revenue Code Category 062X = 137

Section C C-31.1

Data Element Specifications

Section C C-32.1

Element Name:	Nursery Revenue Code Charges (1-6)
Definition:	Charges for each individual nursery revenue code as indicated below in Codes/Values.
Parameters:	7 Positions Numeric Right-Justified Zero-filled Crosswalk to UB04 FL42 and FL47
Codes/Values:	7 positions for whole dollars only Reportable categories: 0170; 0171; 0172; 0173; 0174; 0179
Conditions:	Required for IP.
Notes:	Amounts equal to or greater than zero are acceptable values for this data element Do not enter decimals Enter whole dollars only; do not enter cents (enter 25353, not 25353.32) Do not enter negative numbers or alpha characters

Section C C-32.1

Data Element Specifications

Section C C-33.1

Element Name: HIPPS – IRF PPS CMG Code

Definition: The Health Insurance Prospective Payment System (HIPPS) rate codes represent specific sets of patient characteristics (or case-mix groups) on which payment determinations are made under several prospective payment systems. This data element consists of the Case Mix Group (CMG) determined from specific Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) data elements by the grouper software used by Inpatient Rehabilitation Facilities.

Parameters: 5 Positions
Numeric
Right-Justified
Crosswalk to UB04 FL44, Definition 3

Codes/Values: Must be a valid HIPPS IRF PPS CMG code for the time period being reported.

Conditions: Situational. Reported by Inpatient Rehabilitation Hospitals. Required when an IRF CMG code exists on this patient bill.

Notes:

Section C C-33.1

Data Element Specifications

Section C C-34.1

Element Name: DRG

Definition: The PPS code assigned to the claim to identify the DRG based on the grouper software called for under contract with the primary payer.

Parameters: 4 Positions
Numeric
Right-Justified
Crosswalk to UB04 FL71

Codes/Values: Must be a valid DRG for the time period being reported.

Conditions: Required for IP

Notes:

DRAFT

Section C C-34.1

Data Element Specifications

Section C C-35.1

Element Name: ICD Version Indicator

Definition: The qualifier that denotes the version of the International Classification of Diseases (ICD) reported.

Parameters: 1 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL66

Codes/Values: Edition of the ICD:
9 – Ninth Revision
0 – Tenth Revision

Conditions: Required for IP and ED.

Notes:

Qualifier Code “9” is required until further notice.

DRAFT

Section C C-35.1

Data Element Specifications

Section C C-36.1

Element Name: Patient Reason for Visit (1-3)

Definition: The ICD diagnosis codes describing the patient's reason for visit at the time of emergency department registration.

Parameters: 8 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL70 a-c

Codes/Values: Alpha characters must be UPPER CASE.

Must be valid ICD codes, based on the ICD version indicated on the record and the time period being reported.

The decimal between the third and fourth digits is implied.

Conditions: Required for ED

Situational for IP. Required on all IP records where the patient was treated in the emergency room immediately prior to admission as an inpatient, or when the record contains ER charges because the bill was combined under the Medicare 72-hour rule.

Notes:

Do not report decimals.

Follow official coding guidelines for ICD reporting.

Section C C-36.1

Data Element Specifications

Section C C-37.1

Element Name: Admitting Diagnosis

Definition: The ICD diagnosis code describing the patient's diagnosis at the time of admission.

Parameters: 8 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL69

Codes/Values: The decimal between the third and fourth digits is implied.

Alpha characters must be UPPER CASE.

Must be valid ICD codes, based on the ICD version indicated on the record and the time period being reported.

Conditions: Required for IP.

Notes:

Do not report decimals.

Follow official coding guidelines for ICD reporting.

Section C C-37.1

Data Element Specifications

Section C C-38.1

Element Name: Principal Diagnosis Code (and present on admission indicator)

Definition: The ICD Code describing the principal diagnosis (i.e. the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).

Parameters: 8 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL67

Codes/Values: The decimal between the third and fourth digits of the diagnosis code is implied.

Alpha characters must be UPPER CASE.

Must be a valid ICD code, based on the ICD version indicated on the record and the time period being reported

POA Codes:

<u>Code</u>	<u>Definition</u>
Y	Yes
N	No
U	No information in the record
W	Clinically undetermined
Blank	Unreported/not used; Exempt from POA reporting

Conditions: Required for IP and ED.

Notes:

Do not report decimals.

V codes are acceptable.

Follow official coding guidelines for ICD reporting.

Section C C-38.1

Data Element Specifications

Section C C-39.1

Element Name: Other Diagnosis Code (2-25)

Definition: The ICD diagnosis codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Exclude diagnoses that relate to an earlier episode which have no bearing on the current hospital stay.

Parameters: 8 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL67A-Q

Codes/Values: The decimal between the third and fourth digits of the diagnosis code is implied.

Alpha characters must be UPPER CASE.

Must be valid ICD codes, based on the ICD version indicated on the record and the time period being reported

POA Codes:

<u>Code</u>	<u>Definition</u>
Y	Yes
N	No
U	No information in the record
W	Clinically undetermined
Blank	Unreported/not used; Exempt from POA reporting

Conditions: Required for IP and ED.

Notes:

Do not report decimals.

Do not report E Codes in these fields. E Codes have separate fields designated for the purpose of state reporting.

V codes are acceptable.

Section C C-39.1

Data Element Specifications

Section C C-40.1

Element Name: External Cause / Place of Injury - E Code (1-6)

Definition: The ICD codes pertaining to external cause and place of injuries, poisonings, adverse affects or misadventures, including the POA indicator where applicable.

Parameters: 8 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL72

Codes/Values: Alpha characters must be UPPER CASE

The decimal between the fourth and fifth digit of the diagnosis code is implied.

Must be valid ICD E codes, based on the ICD version indicated on the record and the time period being reported.

POA Codes:

<u>Code</u>	<u>Definition</u>
Y	Yes
N	No
U	No information in the record
W	Clinically undetermined
Blank	Unreported/not used; Exempt from POA reporting

Conditions: Required for IP and ED when an injury, poisoning, adverse effect or misadventure is the cause for seeking medical treatment or occurs during the medical treatment.

Notes:

Report all E Codes (up to 6) *in the order in which they appear* in the hospital system.

Assign and report the E code(s) on all initial hospital treatments of the injury, poisoning, adverse effect or misadventure.

Do not report decimals.

Section C C-40.1

Data Element Specifications

Section C C-40.2

Follow official coding guidelines.

Do not assign E Codes on transfers from other hospitals. This includes Veteran's Administration, Department of Defense, Indian Health Services, and hospitals in other states or countries.

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Section C C-40.2

Data Element Specifications

Section C C-41.1

Element Name: Accident State

Definition: The two-digit state abbreviation where the accident occurred.

Parameters: 2 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL29

Codes/Values: Alpha characters must be UPPER CASE.

Must be valid country code from ANSI ISO 3166, use the alpha-2 country codes from Part I of ISO3166.

Conditions: Required when the services reported in the record are related to an auto accident and the accident occurred outside Arizona in a country or location that has a state, province, or sub-country code named in ISO3166-2 codes.

Notes:

DRAFT

Section C C-41.1

Data Element Specifications

Section C C-42.1

Element Name: Principal Procedure Code

Definition: The ICD or HCPCS/CPT code that identifies the principal procedure performed.

Parameters: 7 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL74 or FL44

Codes/Values: The decimal between the second and third digit is implied.

Must be valid ICD or HCPCS/CPT codes, based on the time period being reported, and (if applicable) ICD version indicated in the record.

Conditions: Required for IP and ED if a procedure was performed.

Notes:

On ED files, report Level I HCPCS (CPT) codes only

Follow official coding guidelines.

Do not report Level II HCPCS codes

Do not report modifier

Do not report decimals.

Section C C-42.1

Data Element Specifications

Section C C-43.1

Element Name: Principal Procedure Date

Definition: Date of the principal procedure performed.

Parameters: 8 Positions
Numeric
Right-Justified
All positions filled
Crosswalk to UB04 FL74

Codes/Values: Must be a valid date.

Format is CCYYMMDD (example: 20080521 = May 21, 2008)

Conditions: Required for IP and ED if a procedure was performed.

Notes:

DRAFT

Section C C-43.1

Data Element Specifications

Section C C-44.1

Element Name: Other Procedure Code (2-12)

Definition: The ICD or HCPCS/CPT codes identifying all significant procedures other than the principal procedure. Report those that are most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis.

Parameters: 7 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL74 a-e or FL44

Codes/Values: The decimal between the second and third digit is implied.

Must be valid ICD or HCPCS/CPT codes, based on the time period being reported, and (if applicable) ICD version indicated in the record.

Conditions: Required for IP and ED if additional procedure(s) (other than the principal procedure) were performed.

Notes:

On ED files, report Level I HCPCS (CPT) codes only

Follow official coding guidelines.

Do not report Level II HCPCS codes

Do not report modifier

Do not report decimals.

Section C C-44.1

Data Element Specifications

Section C C-45.1

Element Name: Other Procedure Date (2-12)

Definition: Date(s) of the other procedure(s) performed.

Parameters: 8 Positions
Numeric
Right-Justified
All positions filled
Crosswalk to UB04 FL74a-e

Codes/Values: Must be a valid date.

Format is CCYYMMDD (example: 20080521 = May 21, 2008)

Conditions: Required for IP and ED if additional procedure(s) (other than the principal procedure) were performed.

Notes:

DRAFT

Section C C-45.1

Data Element Specifications

Section C C-46.1

Element Name: Attending Provider Name

Definition: The name of the individual health care provider who has overall responsibility for the patient's medical care and treatment reported for this episode of care.

Parameters: 28 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL76 Line 2

Codes/Values: Alpha characters must be UPPER CASE

First and last names and middle initial separated by a single space.

Include hyphen in hyphenated names, such as Smith-Jones.

First and last names are required

Suffixes (Jr, Sr. etc.,) are optional.

Conditions: Required for IP and ED.

Notes:

On ED records, report the name of the *first* physician to render care. In the case of a second physician assuming care of the patient due to a shift change, report that second physician under "Other Provider" see page C-55.1.

Do not include punctuation

Do not place spaces inside last names with a prefix, such as McBeth, OConner (report MCBETH *not* MC BETH)

Do not include apostrophes (report OCONNER, *not* O'CONNER).

Do not report titles (MD, DO, DDS).

When reporting a suffix, place the suffix after the last name, but before the first name (for example: JONES JR GEORGE A or HOWELL III THURSTON B).

Section C C-46.1

Data Element Specifications

Section C C-47.1

Element Name:	Attending Provider National Provider Identifier (NPI)
Definition:	The unique National Provider Identification number assigned to the individual healthcare provider who has overall responsibility for the patient's medical care and treatment reported for this episode of care.
Parameters:	11 Positions Alphanumeric Left-Justified Crosswalk to UB04 FL76 Line 1
Codes/Values:	Alpha characters must be UPPER CASE
Conditions:	Required for IP and ED.
Notes:	

DRAFT

Section C C-47.1

Data Element Specifications

Section C C-48.1

Element Name: Operating Provider Name

Definition: The name of the individual health care provider with the primary responsibility for performing the principal procedure.

Parameters: 28 Positions
Alphanumeric
Left-Justified
Crosswalk to UB04 FL77 Line 2

Codes/Values: Alpha characters must be UPPER CASE.

First and last names and middle initial separated by a single space.

Include hyphen in hyphenated names, such as Smith-Jones.

First and last names are required.

Conditions: Situational. Required for IP and ED if a procedure was performed.

Notes:

Do not include punctuation

Do not place spaces inside last names with a prefix, such as McBeth, OConner (report MCBETH *not* MC BETH)

Do not include apostrophes (report OCONNER, *not* O'CONNER).

Do not report titles (MD, DO, DDS, PA, AP, RN).

When reporting a suffix, place the suffix after the last name, but before the first name (for example: JONES JR GEORGE A or HOWELL III THURSTON B).

Section C C-48.1

Data Element Specifications

Section C C-49.1

Element Name:	Operating Provider National Provider Identifier (NPI)
Definition:	The unique National Provider Identification number assigned to the individual healthcare provider who has the primary responsibility for performing principal procedure.
Parameters:	11 Positions Alphanumeric Left-Justified Crosswalk to UB04 FL77 Line 1
Codes/Values:	Alpha characters must be UPPER CASE
Conditions:	Situational. Required for IP and ED if a procedure was performed.
Notes:	

DRAFT

Section C C-49.1

Data Element Specifications

Section C C-50.1

Element Name:	Other Provider Name
Definition:	Other individual healthcare provider involved in the patient's care during this episode of care.
Parameters:	28 Positions Alphanumeric Left-Justified Crosswalk to UB04 FL78 Line 2
Codes/Values:	Alpha characters must be UPPER CASE. First and last names and middle initial separated by a single space. Include hyphen in hyphenated names, such as Smith-Jones First and last names are required.
Conditions:	Situational. Required for IP and ED when included on the UB claim for this episode of care.
Notes:	Do not include punctuation Do not place spaces inside last names with a prefix, such as McBeth, OConner (report MCBETH <i>not</i> MC BETH) Do not include apostrophes (report OCONNER, <i>not</i> O'CONNER). Do not report titles (MD, DO, DDS, PA, AP, RN). When reporting a suffix, place the suffix after the last name, but before the first name (for example: JONES JR GEORGE A or HOWELL III THURSTON B). On ED records, in the case of a second physician assuming care of the patient due to a shift change, report that second physician here.

Section C C-50.1

Data Element Specifications

Section C C-51.1

Element Name:	Other Provider National Provider Identifier (NPI)
Definition:	The unique National Provider Identification number assigned to the other individual healthcare provider involved in the patient's care during this episode of care.
Parameters:	13 Positions Alphanumeric Left-Justified Crosswalk to UB04 FL78 Line 1
Codes/Values:	Alpha characters must be UPPER CASE Provider Type Qualifier Codes: DN = Referring Provider ZZ – Other Operating Physician 82 = Rendering Provider
Conditions:	Situational. Required for IP and ED when included on the UB claim for this episode of care.
Notes:	Reporting of this data element includes the 2 digit Provider Type Qualifier Code preceding the NPI.

Section C C-51.1

Data Element Specifications

Section C C-52.1

Element Name: Type of Record

Definition: Indicates the type of discharge record being reported (inpatient or emergency department).

Parameters: 1 Position
Numeric

Codes/Values: 1 = Hospital Inpatient
3 = Hospital Emergency Department

Conditions: Required for IP and ED.

Notes:

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Section C C-52.1

**ARIZONA DEPARTMENT OF HEALTH SERVICES
HOSPITAL DISCHARGE REPORTING
DATA LAYOUT**

[Refer to Specifications Manual for Detailed Instructions](#)

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Reporting Hospital Arizona Facility Identifier (AZFACID)	10	1	10	IP	ED	n/a	Alphanumeric Left Justified	C2
Reporting Hospital National Provider Identifier (NPI)	15	11	25	IP	ED	FL56	Alphanumeric Left Justified	C3
Patient Medical/Health Record Number	24	26	49	IP	ED	FL03b	Alphanumeric Left Justified	C4
Patient Control Number	24	50	73	IP	ED	FL03a	Alphanumeric Left Justified	C5
Placeholder	20	74	93	n/a	n/a	n/a	Reserved	C1
Patient Name	29	94	122	IP	ED	FL08 Line 2b	Alphanumeric Left Justified	C6
Patient Social Security Number	10	123	132	IP	ED	n/a	Alphanumeric Right Justified - Zero fill All positions filled	C7
Patient Address	40	133	172	IP	ED	FL09 Line 1a	Alphanumeric Left Justified	C8
Patient City	30	173	202	IP	ED	FL09 Line 2b	Alphanumeric Left Justified	C9
Patient State	2	203	204	IP	ED	FL09 Line 2c	Alphanumeric Left Justified	C10
Patient Zip Code	5	205	209	IP	ED	FL09 Line 2d	Numeric Left Justified	C11
Patient Country Code	2	210	211	IP	ED	FL09 Line 2e	Alphanumeric Left Justified	C12
Patient Homeless Indicator	2	212	213	IP	ED	FL18-28	Alphanumeric All positions filled	C13
Patient Birth Date	8	214	221	IP	ED	FL10	Numeric Right Justified All positions filled	C14

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Patient Sex	1	222	222	IP	ED	FL11	Alphanumeric Left Justified	C15
Patient Race/Ethnicity	4	223	226	IP	ED	FL81 Lines a - d	Alphanumeric Left Justified Code List Qualifier B1	C16
Patient Marital Status	1	227	227	IP	ED	FL81 Lines a - d	Alphanumeric Left Justified Code List Qualifier B2	C17
Placeholder	20	228	247	n/a	n/a	n/a	Reserved	(see C1 for details)
Onset of Symptoms/Illness Date	8	248	255	IP	ED	FL31-34 Lines a - b	Numeric Right Justified All positions filled	C18
Admission Date	8	256	263	IP	ED	FL12	Numeric Right Justified All positions filled	C19
Admission Hour	2	264	265	IP	ED	FL13	Alphanumeric Left Justified	C20
Priority (Type) of Visit	1	266	266	IP	ED	FL14	Alphanumeric Left Justified	C21
Source of Admission or Visit	1	267	267	IP	ED	FL15	Alphanumeric Left Justified	C22
Discharge Date	8	268	275	IP	ED	FL06	Numeric Right Justified All positions filled	C23
Discharge Hour	2	276	277	IP	ED	FL16	Alphanumeric Left Justified	C24
Discharge Status	2	278	279	IP	ED	FL17	Numeric Right Justified All positions filled	C25
Newborn Birth Weight	4	280	283	IP	n/a	FL39-41 a - d	Numeric Right Justified	C26
Do Not Resuscitate Order (DNR)	2	284	285	IP	ED	FL18-28	Alphanumeric All positions filled	C27
Placeholder	20	286	305	n/a	n/a	n/a	Reserved	(see C1 for details)
Bill Creation Date	8	306	313	IP	ED	FL45 Line 23	Numeric Right Justified All positions filled	C28
Total Charges	8	314	321	IP	ED	FL47 Line 23	Numeric Right Justified	C29

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Payer Type Code	2	322	323	IP	ED	FL50a	Numeric Right Justified All positions filled	C30
Revenue Code Category Charges 010x	7	324	330	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 011x	7	331	337	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 012x	7	338	344	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 013x	7	345	351	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 014x	7	352	358	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 015x	7	359	365	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 016x	7	366	372	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 018x	7	373	379	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 019x	7	380	386	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 020x	7	387	393	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 021x	7	394	400	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 022x	7	401	407	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 023x	7	408	414	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 024x	7	415	421	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 025x	7	422	428	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 026x	7	429	435	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 027x	7	436	442	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 028x	7	443	449	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Revenue Code Category Charges 029x	7	450	456	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 030x	7	457	463	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 031x	7	464	470	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 032x	7	471	477	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 033x	7	478	484	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 034x	7	485	491	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 035x	7	492	498	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 036x	7	499	505	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 037x	7	506	512	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 038x	7	513	519	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 039x	7	520	526	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 040x	7	527	533	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 041x	7	534	540	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 042x	7	541	547	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 043x	7	548	554	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 044x	7	555	561	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 045x	7	562	568	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 046x	7	568	575	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 047x	7	576	582	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 048x	7	582	589	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Revenue Code Category Charges 050x	7	590	596	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 053x	7	597	603	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 061x	7	604	610	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 062x	7	611	617	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 063x	7	618	624	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 068x	7	625	631	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 070x	7	632	638	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 071x	7	639	645	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 072x	7	646	652	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 073x	7	653	659	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 074x	7	660	666	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 075x	7	667	673	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 076x	7	674	680	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 077x	7	681	687	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 078x	7	688	694	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 079x	7	695	701	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 080x	7	702	708	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 081x	7	709	715	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 088x	7	716	722	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 090x	7	723	729	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Revenue Code Category Charges 091x	7	730	736	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 092x	7	737	743	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 094x	7	744	750	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 095x	7	751	757	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 096x	7	758	764	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 097x	7	765	771	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 098x	7	772	778	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 099x	7	779	785	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges 210x	7	786	792	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Revenue Code Category Charges All Other (excluding revenue code category 017x)	7	793	799	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C31
Nursery Revenue Code Charges 0170	7	800	806	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C32
Nursery Revenue Code Charges 0171	7	807	813	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C32
Nursery Revenue Code Charges 0172	7	814	820	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C32
Nursery Revenue Code Charges 0173	7	821	827	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C32
Nursery Revenue Code Charges 0174	7	828	834	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C32
Nursery Revenue Code Charges 0179	7	835	841	IP	ED	FL42 and FL47	Numeric Right Justified - Zero-fill	C32
HIPPS - IRF PPS CMG Code	5	842	846	IP		FL44 Definition 3	Numeric Right Justified	C33
DRG	4	847	850	IP	ED	FL71	Numeric Right Justified	C34
Placeholder	40	851	890	n/a	n/a	n/a	Reserved	(see C1 for details)
ICD Version Indicator	1	891	891	IP	ED	FL66	Alphanumeric Left Justified	C35

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Patient Reason for Visit 1	8	892	899	IP	ED	FL70 Line a	Alphanumeric Left Justified	C36
Patient Reason for Visit 2	8	900	907	IP	ED	FL70 Line b	Alphanumeric Left Justified	C36
Patient Reason for Visit 3	8	908	915	IP	ED	FL70 Line c	Alphanumeric Left Justified	C36
Admitting Diagnosis	8	916	923	IP	n/a	FL69	Alphanumeric Left Justified	C37
Principal Diagnosis Code (1)	8	924	931	IP	ED	FL67	Alphanumeric Left Justified	C38
Other Diagnosis Code 2	8	932	939	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 3	8	940	947	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 4	8	948	955	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 5	8	956	963	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 6	8	964	971	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 7	8	972	979	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 8	8	980	987	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 9	8	988	995	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 10	8	996	1003	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 11	8	1004	1011	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 12	8	1012	1019	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 13	8	1020	1027	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 14	8	1028	1035	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 15	8	1036	1043	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 16	8	1044	1051	IP	ED	FL67	Alphanumeric Left Justified	C39

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Other Diagnosis Code 17	8	1052	1059	IP	ED	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 18	8	1060	1067	8	8	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 19	8	1068	1075	8	8	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 20	8	1076	1083	8	8	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 21	8	1084	1091	8	8	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 22	8	1091	1099	8	8	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 23	8	1100	1107	8	8	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 24	8	1108	1115	8	8	FL67	Alphanumeric Left Justified	C39
Other Diagnosis Code 25	8	1116	1123	8	8	FL67	Alphanumeric Left Justified	C39
E Code 1	8	1124	1131	IP	ED	FL72	Alphanumeric Left Justified	C40
E Code 2	8	1132	1139	IP	ED	FL72	Alphanumeric Left Justified	C40
E Code 3	8	1140	1147	IP	ED	FL72	Alphanumeric Left Justified	C40
E Code 4	8	1148	1155	IP	ED	FL72	Alphanumeric Left Justified	C40
E Code 5	8	1156	1163	IP	ED	FL72	Alphanumeric Left Justified	C40
E Code 6	8	1164	1171	IP	ED	FL72	Alphanumeric Left Justified	C40
Accident State	2	1172	1173	IP	ED	FL29	Alphanumeric Left Justified	C41
Placeholder	20	1174	1193	n/a	n/a	n/a	Reserved	(see C1 for details)
Principal Procedure Code (1)	7	1194	1200	IP	ED	FL74	Alphanumeric Left Justified	C42
Principal Procedure Date	8	1201	1208	IP	ED	FL74	Numeric Right Justified All positions filled	C43
Other Procedure Code 2	7	1209	1215	IP	ED	FL74	Alphanumeric Left Justified	C44

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Other Procedure Date 2	8	1216	1223	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 3	7	1224	1230	IP	ED	FL74	Alphanumeric Left Justified	C44
Other Procedure Date 3	8	1231	1238	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 4	7	1238	1245	IP	ED	FL74	Alphanumeric Left Justified	C44
Other Procedure Date 4	8	1245	1253	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 5	7	1254	1260	IP	ED	FL74	Alphanumeric Left Justified	C44
Other Procedure Date 5	8	1261	1268	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 6	7	1269	1275	IP	ED	FL74	Alphanumeric Left Justified	C44
Other Procedure Date 6	8	1276	1283	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 7	7	1284	1290	IP	ED	FL74	Alphanumeric Left Justified	C44
Other Procedure Date 7	8	1291	1298	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 8	7	1299	1305	IP	ED	FL74	Alphanumeric Left Justified	C44
Other Procedure Date 8	8	1305	1313	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 9	7	1314	1320	IP	ED	FL74	Alphanumeric Left Justified	C44
Other Procedure Date 9	8	1320	1328	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 10	7	1329	1335	IP	ED	FL74	Alphanumeric Left Justified	C44

Data Element	Number of Characters	Start Position	End Position	Required For File Type IP	Required For File Type ED	Uniform Billing Locator Number/Line	Field Attributes	Specifications Manual Element Number
Other Procedure Date 10	8	1336	1343	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 11	7	1344	1350	IP	ED	FL74	Alphanumeric Left Justified	C44
Other Procedure Date 11	8	1351	1358	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Other Procedure Code 12	7	1359	1365	IP	ED	FL74	Alphanumeric Left Justified	C44
Other Procedure Date 12	8	1366	1373	IP	ED	FL74	Numeric Right Justified All positions filled	C45
Placeholder	20	1374	1393	n/a	n/a	n/a	Reserved	(see C1 for details)
Attending Provider Name	28	1394	1421	IP	ED	FL76 Line 2	Alphanumeric Left Justified	C46
Attending Provider National Provider Identifier (NPI)	11	1421	1432	IP	ED	FL76 Line 1	Alphanumeric Left Justified	C47
Operating Provider Name	28	1433	1460	IP	ED	FL77 Line 2	Alphanumeric Left Justified	C48
Operating Provider National Provider Identifier (NPI)	11	1461	1471	IP	ED	FL77 Line 1	Alphanumeric Left Justified	C49
Other Provider Name	28	1472	1499	IP	ED	FL78 Line 2	Alphanumeric Left Justified	C50
Other Provider National Provider Identifier (NPI)	13	1500	1512	IP	ED	FL78 Line 1	Alphanumeric Left Justified	C51
Placeholder	60	1513	1572	n/a	n/a	n/a	Reserved	(see C1 for details)
Type of Record	1	1573	1573	IP	ED	n/a	Numeric	C52

Check our website for updates at: www.azdhs.gov/plan/crr/index.htm

Audit Error Data Dictionary

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Audit error data dictionary in manual form will be inserted here.

DRAFT

Audit Error Data Dictionary Layout

Section F F-1

Audit error data dictionary summary layout will be inserted here.

DRAFT

Regulatory Information

Section G G-1

Legal Authority:

Reporting of hospital inpatient and emergency department discharge records by Arizona licensed hospitals is mandated under Arizona Revised Statute (A.R.S.) 36-125.05 and Arizona Administrative Code (A.A.C) Title 9, Chapter 11, Articles 4 & 5.

Civil penalties for failure to comply with the reporting requirements are authorized under Arizona Revised Statute A.R.S. 36-126. Civil penalties of up to three hundred dollars per violation may be imposed, with each day that a violation continues constituting a separate violation.

Procedures and Timeframes:

Data must be reported no later than the two reporting deadlines of February 15th and August 15th each year. If a facility has major extenuating circumstances that prevent it from reporting on time (such as a HIMS system update in progress), the facility may request a single extension of the reporting deadline, not to exceed 15 days. Extension requests must be in writing and must be received by ADHS prior to the reporting deadline to be considered.

Facilities that have not obtained an extension that fail to report by close of business on the reporting deadline, will receive a letter notifying them of their failure to report, and warning of civil penalties if they do not report immediately. Facilities that fail to report after receiving the warning letter will be referred to enforcement.

All data sets are audited by ADHS, utilizing a standardized auditing process. Facilities that fail to substantially meet the reporting requirement for data completeness and accuracy are required to make corrections and resubmit their data. For the first data submission requiring corrections, the facility is allowed 21 days from the date of the ADHS notification letter to make the required corrections and resubmit their data. For a second submission requiring corrections, the facility is allowed 7 days from the date of the ADHS notification letter to make the required corrections and resubmit their data. Upon a third submission requiring corrections, the facility is referred to enforcement.

Enforcement:

Any facility referred to enforcement is evaluated for reporting history, compliance history and specifics of the present non-compliance. If enforcement action is taken, the facility

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Regulatory Information

Section G G-2

Enforcement (con't):

has the opportunity to request an Administrative hearing. A facility that requests a hearing may also request an informal dispute resolution process with the Section of Cost Reporting and Discharge Data Review. Details regarding facility rights and responsibilities are provided to the facility at the time any enforcement action is taken.

DRAFT

Section G G-1

Glossary

Section H H-1

Audit: methods used by the Arizona Department of Health Services to evaluate submitted data for completeness and accuracy. Audits involve both computerized and manual evaluation of the data.

Civil Penalty: monetary penalty imposed on a hospital by the Arizona Department of Health Services for failure to comply with the reporting requirements.

Correction Period: the time allowed for a hospital to make required corrections and resubmit their data.

Data Universe: the number of records sharing common data elements on which an error threshold is determined, and upon which audits specific to those common data elements are conducted. For example, all records of newborn infants present in an inpatient data set would comprise the data universe for newborn auditing. Audits specific to data elements found only in newborn records (such as birth weight), will apply only to those records, and the allowable threshold of error is calculated upon the total number of records in that newborn data universe.

Fatal Error: an error on any audit that requires 100% accuracy. A single fatal error will cause the entire data set in which it resides to be rejected.

First Half: the time period of January 1 through June 30 of each year that comprises the first reporting period for hospital discharge data. (see Second Half).

Emergency Department Record: a record containing the data elements specified in this manual, reflecting the care of a patient who received services in the reporting hospital's emergency department, and who then was: 1) released from the reporting hospital's care without being admitted; or, 2) admitted as an inpatient to the reporting Critical Access Hospital with a separate bill for ED services.

Inpatient Discharge Record: a record containing the data elements specified in this manual, reflecting the care of a patient of the reporting hospital who was an inpatient as defined under A.A.C. R9-10-201.

Plan of Correction: in the event that a hospital is unable to make required corrections to a data set, the hospital may submit a plan of correction. The hospital must document why the errors cannot be corrected, what has been identified as the cause of those errors, and what steps the hospital is implementing to ensure the errors do not recur. If accepted, the Plan of Correction will serve in lieu of corrections for the reporting period in which the Plan is accepted.

Section H H-1

Glossary

Section H H-2

Reporting Period: the 6-month time periods for which data is reported each year. The “first half” being January 1 through June 30 and the “second half” being July 1 through December 31 of each year.

Resubmission: the submission of a corrected data set a subsequent time after the original official reporting for any given reporting period.

Submission: the official reporting of data and accompanying required forms by a reporting hospital to the Arizona Department of Health Services. For a hospital that is required to report both inpatient and emergency department data, a submission consists of both the inpatient and emergency department data sets and accompanying forms.

Submission Period: the time allotted for hospitals to report their data, that is, January 1 through February 15 for “second half” data, and July 1 through August 15 for “first half” data of each year.

Second Half: the time period of July 1 through December 31 of each year that comprises the second reporting period for hospital discharge data. (see First Half).

Test Period: the 30 day period immediately preceding the end of each reporting period, during which test data may be submitted to the Arizona Department of Health Services for evaluation. Test periods are December 1 through 31 and June 1 through 30 of each year.

Test submission: a data set submitted by a hospital to the Arizona Department of Health Services during the Test Period, to be evaluated for the purpose of providing assistance to the hospital in meeting the reporting requirements.

Threshold: 1) the percentage and record count of error allowed on a data set or particular data element of a data set; 2) a computerized evaluation process conducted on each submitted data set to determine, for specifically selected data elements, if a level of error at which the data becomes suspect is present in the data set.

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Appendices

Section I

I-1.1

COUNTRY NAME	CODE
AFGHANISTAN	AF
ALAND ISLANDS	AX
ALBANIA	AL
ALGERIA	DZ
AMERICAN SAMOA	AS
ANDORRA	AD
ANGOLA	AO
ANGUILLA	AI
ANTARCTICA	AQ
ANTIGUA AND BARBUDA	AG
ARGENTINA	AR
ARMENIA	AM
ARUBA	AW
AUSTRALIA	AU
AUSTRIA	AT
AZERBAIJAN	AZ
BAHAMAS	BS
BAHRAIN	BH
BANGLADESH	BD
BARBADOS	BB
BELARUS	BY
BELGIUM	BE
BELIZE	BZ
BENIN	BJ
BERMUDA	BM
BHUTAN	BT
BOLIVIA	BO
BOSNIA AND HERZEGOVINA	BA
BOTSWANA	BW
BOUVET ISLAND	BV
BRAZIL	BR
BRITISH INDIAN OCEAN TERRITORY	IO
BRUNEI DARUSSALAM	BN
BULGARIA	BG
BURKINA FASO	BF
BURUNDI	BI
CAMBODIA	KH
CAMEROON	CM
CANADA	CA
CAPE VERDE	CV
CAYMAN ISLANDS	KY
CENTRAL AFRICAN REPUBLIC	CF
CHAD	TD
CHILE	CL
CHINA	CN
CHRISTMAS ISLAND	CX

Appendices

Section I

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COUNTRY NAME	CODE
COCOS (KEELING) ISLANDS	CC
COLOMBIA	CO
COMOROS	KM
CONGO	CG
CONGO, THE DEMOCRATIC REPUBLIC OF THE	CD
COOK ISLANDS	CK
COSTA RICA	CR
CÔTE D'IVOIRE	CI
CROATIA	HR
CUBA	CU
CYPRUS	CY
CZECH REPUBLIC	CZ
DENMARK	DK
DJIBOUTI	DJ
DOMINICA	DM
DOMINICAN REPUBLIC	DO
ECUADOR	EC
EGYPT	EG
EL SALVADOR	SV
EQUATORIAL GUINEA	GQ
ERITREA	ER
ESTONIA	EE
ETHIOPIA	ET
FALKLAND ISLANDS (MALVINAS)	FK
FAROE ISLANDS	FO
FIJI	FJ
FINLAND	FI
FRANCE	FR
FRENCH GUIANA	GF
FRENCH POLYNESIA	PF
FRENCH SOUTHERN TERRITORIES	TF
GABON	GA
GAMBIA	GM
GEORGIA	GE
GERMANY	DE
GHANA	GH
GIBRALTAR	GI
GREECE	GR
GREENLAND	GL
GRENADA	GD
GUADELOUPE	GP
GUAM	GU
GUATEMALA	GT
GUERNSEY	GG
GUINEA	GN
GUINEA-BISSAU	GW

Appendices**Section I****I-1.3**

COUNTRY NAME	CODE
GUYANA	GY
HAITI	HT
HEARD ISLAND AND MCDONALD ISLANDS	HM
HOLY SEE (VATICAN CITY STATE)	VA
HONDURAS	HN
HONG KONG	HK
HUNGARY	HU
ICELAND	IS
INDIA	IN
INDONESIA	ID
IRAN, ISLAMIC REPUBLIC OF	IR
IRAQ	IQ
IRELAND	IE
ISLE OF MAN	IM
ISRAEL	IL
ITALY	IT
JAMAICA	JM
JAPAN	JP
JERSEY	JE
JORDAN	JO
KAZAKHSTAN	KZ
KENYA	KE
KIRIBATI	KI
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	KP
KOREA, REPUBLIC OF	KR
KUWAIT	KW
KYRGYZSTAN	KG
LAO PEOPLE'S DEMOCRATIC REPUBLIC	LA
LATVIA	LV
LEBANON	LB
LESOTHO	LS
LIBERIA	LR
LIBYAN ARAB JAMAHIRIYA	LY
LIECHTENSTEIN	LI
LITHUANIA	LT
LUXEMBOURG	LU
MACAO	MO
MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	MK
MADAGASCAR	MG
MALAWI	MW
MALAYSIA	MY
MALDIVES	MV
MALI	ML
MALTA	MT
MARSHALL ISLANDS	MH
MARTINIQUE	MQ

Appendices**Section I****I-1.4**

COUNTRY NAME	CODE
MAURITANIA	MR
MAURITIUS	MU
MAYOTTE	YT
MEXICO	MX
MICRONESIA, FEDERATED STATES OF	FM
MOLDOVA, REPUBLIC OF	MD
MONACO	MC
MONGOLIA	MN
MONTENEGRO	ME
MONTSERRAT	MS
MOROCCO	MA
MOZAMBIQUE	MZ
MYANMAR	MM
NAMIBIA	NA
NAURU	NR
NEPAL	NP
NETHERLANDS	NL
NETHERLANDS ANTILLES	AN
NEW CALEDONIA	NC
NEW ZEALAND	NZ
NICARAGUA	NI
NIGER	NE
NIGERIA	NG
NIUE	NU
NORFOLK ISLAND	NF
NORTHERN MARIANA ISLANDS	MP
NORWAY	NO
OMAN	OM
PAKISTAN	PK
PALAU	PW
PALESTINIAN TERRITORY, OCCUPIED	PS
PANAMA	PA
PAPUA NEW GUINEA	PG
PARAGUAY	PY
PERU	PE
PHILIPPINES	PH
PITCAIRN	PN
POLAND	PL
PORTUGAL	PT
PUERTO RICO	PR
QATAR	QA
RÉUNION	RE
ROMANIA	RO
RUSSIAN FEDERATION	RU
RWANDA	RW
SAINT HELENA	SH

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COUNTRY NAME	CODE
SAINT KITTS AND NEVIS	KN
SAINT LUCIA	LC
SAINT PIERRE AND MIQUELON	PM
SAINT VINCENT AND THE GRENADINES	VC
SAMOA	WS
SAN MARINO	SM
SAO TOME AND PRINCIPE	ST
SAUDI ARABIA	SA
SENEGAL	SN
SERBIA	RS
SEYCHELLES	SC
SIERRA LEONE	SL
SINGAPORE	SG
SLOVAKIA	SK
SLOVENIA	SI
SOLOMON ISLANDS	SB
SOMALIA	SO
SOUTH AFRICA	ZA
SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	GS
SPAIN	ES
SRI LANKA	LK
SUDAN	SD
SURINAME	SR
SVALBARD AND JAN MAYEN	SJ
SWAZILAND	SZ
SWEDEN	SE
SWITZERLAND	CH
SYRIAN ARAB REPUBLIC	SY
TAIWAN, PROVINCE OF CHINA	TW
TAJIKISTAN	TJ
TANZANIA, UNITED REPUBLIC OF	TZ
THAILAND	TH
TIMOR-LESTE	TL
TOGO	TG
TOKELAU	TK
TONGA	TO
TRINIDAD AND TOBAGO	TT
TUNISIA	TN
TURKEY	TR
TURKMENISTAN	TM
TURKS AND CAICOS ISLANDS	TC
TUVALU	TV
UGANDA	UG
UKRAINE	UA
UNITED ARAB EMIRATES	AE
UNITED KINGDOM	GB

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COUNTRY NAME	CODE
UNITED STATES	US
UNITED STATES MINOR OUTLYING ISLANDS	UM
URUGUAY	UY
UZBEKISTAN	UZ
VANUATU	VU
Vatican City State see HOLY SEE	
VENEZUELA	VE
VIET NAM	VN
VIRGIN ISLANDS, BRITISH	VG
VIRGIN ISLANDS, U.S.	VI
WALLIS AND FUTUNA	WF
WESTERN SAHARA	EH
YEMEN	YE
Zaire see CONGO, THE DEMOCRATIC REPUBLIC OF THE	
ZAMBIA	ZM
ZIMBABWE	ZW

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External Code Sources List

State abbreviations and ZIP Codes:

National ZIP Code and Post Office Directory, Publication 65
The USPS Domestic Mail Manual
Available from:
U.S. Postal Service
Washington, DC 20260

Country Codes:

Codes for Representation of Names of Countries, ISO 3166 (Latest Release)
Available from:
American National Standards Institute (ANSI)
11 West 42nd Street, 13th Floor
New York, NY 10036

<http://www.iso.org/iso/en/prods-services/iso3166ma/index.html>

Race/Ethnicity Codes:

Standards for the Classification of Federal Data on Race and Ethnicity
Code Source: ASC X12 External Code Source 859
Health Information and Surveillance Systems Board

Marital Status Codes:

Code Source: ASC X12 Data Element 1067

NOTE: ADHS uses only a subset of this list for Arizona Hospital Discharge Data reporting.

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Collecting Patient Race Data

As of January 1, 2003, Federal programs were required by the U.S. Office of Management and Budget to adopt revised standards for collecting and reporting racial and ethnic status. These standards were published in the Federal Register on October 30, 1997, as "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity." The notice is posted on the OMB web-site at:

<http://www.whitehouse.gov/omb/fedreg/ombdir15.html>

The following is an excerpt from the Federal Register:

This classification provides a minimum standard for maintaining, collecting, and presenting data on race and ethnicity for all Federal reporting purposes. The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies.

The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: "Hispanic or Latino," and "Not Hispanic or Latino."

1. Categories and Definitions

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

-- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

-- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

-- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

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-- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

-- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

-- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Respondents shall be offered the option of selecting one or more racial designations. Recommended forms for the instruction accompanying the multiple response question are "Mark one or more" and "Select one or more."

For assistance

There is an excellent toolkit available on the Internet from the Health Research and Educational Trust for collecting patient race information in health care organizations. It is designed to help hospitals, health systems, community health centers, health plans, and other potential users in understanding the importance of accurate data collection, assessing organizational capacity to do so, and implementing a framework designed specifically for obtaining information from patients/enrollees about their race and ethnicity in an efficient, effective and respectful manner.

To access this toolkit, visit their website at:

http://www.hretdisparities.org/hretdisparities_app/index.jsp

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ADHS Data Element	ADHS Element Number	UB04 Data Element	Form Locator Number
Placeholder	C1	None	
Patient State	C10	Patient Address	FL11
Patient Zip Code	C11	Patient Address	FL12
Patient Country Code	C12	Patient Address	FL13
Patient Homeless Indicator	C13	Condition Codes	FL18-28
Patient Birth Date	C14	Patient Birth Date	FL10
Patient Sex	C15	Patient Sex	FL11
Patient Race/Ethnicity	C16	Code-Code Field	FL81
Patient Marital Status	C17	Code-Code Field	FL81
Onset of Symptoms/Illness Date	C18	Occurrence Codes and Dates	FL31-34
Admission Date	C19	Admission/Start of Care Date	FL12
Reporting Hospital Arizona Facility Identifier	C2	None	
Admission Hour	C20	Admission Hour	FL13
Priority (Type) of Visit	C21	Priority (Type) of Visit	FL14
Source of Admission or Visit	C22	Source of Referral for Admission or Visit	FL15
Discharge Date	C23	Statement Covers Period	FL06
Discharge Hour	C24	Discharge Hour	FL16
Discharge Status	C25	Patient Discharge Status	FL17
Newborn Birth Weight	C26	Value Codes and Amounts	FL39-41
Do Not Resuscitate Order (DNR)	C27	Condition Codes	FL18-28
Bill Creation Date	C28	Service Date	FL45
Total Charges	C29	Total Charges	FL47
Reporting Hospital National Provider Identifier	C3	National Provider Identifier - Billing Provider	FL56
Payer Type Code	C30	Payer Name	FL50
Revenue Code Category Charges	C31	Revenue Codes & Total Charges	FL42 & FL47
Nursery Revenue Code Charges (1-6)	C32	Revenue Codes & Total Charges	FL42 & FL47
HIPPS - IRF PPS CMG Code	C33	HCPCS/Accommodation Rates/HIPPS Rate Codes	FL44
DRG	C34	Prospective Payment System (PPS) Code	FL71
ICD Version Indicator	C35	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)	FL66
Patient Reason for Visit (1-3)	C36	Patient's Reason for Visit	FL70a-c
Admitting Diagnosis	C37	Admitting Diagnosis Code	FL69

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ADHS Data Element	ADHS Element Number	UB04 Data Element	Form Locator Number
Principal Diagnosis Code	C38	Principal Diagnosis Code and Present on Admission Indicator	FL67
Other Diagnosis Code (2-25)	C39	Other Diagnosis Codes	FL67A-Q
Patient Medical/Health Record Number	C4	Medical/Health Record Number	FL03b
External Cause of Injury - E Code (1-6)	C40	External Cause of Injury (ECI) Code	FL72a-c
Accident State	C41	Accident State	FL29
Principal Procedure Code	C42	Principal Procedure Code and Date	FL74
Principal Procedure Date	C43	Principal Procedure Code and Date	FL74
Other Procedure Code (2-12)	C44	Other Procedure Codes and Dates	FL74a-e
Other Procedure Date (2-12)	C45	Other Procedure Codes and Dates	FL74a-e
Attending Provider Name	C46	Attending Provider Name and Identifiers	FL76
Attending Provider National Provider Identifier (NPI)	C47	Attending Provider Name and Identifiers	FL76
Operating Provider Name	C48	Operating Physician Name and Identifiers	FL77
Operating Provider National Provider Identifier (NPI)	C49	Operating Physician Name and Identifiers	FL77
Patient Control Number	C5	Patient Control Number	FL03a
Other Provider Name	C50	Other Provider Name and Identifiers	FL78-79
Other Provider National Provider Identifier (NPI)	C51	Other Provider Name and Identifiers	FL78-79
Type of Record	C52	None	
Patient Name	C6	Patient Name/Identifier	FL08
Patient Social Security Number	C7	None	
Patient Address	C8	Patient Address	FL09
Patient City	C9	Patient Address	FL10

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